

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/05/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152028		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 06/06/2013	
NAME OF PROVIDER OR SUPPLIER  VIBRA HOSPITAL OF NORTHWESTERN INDIANA				STREET ADDRESS, CITY, STATE, ZIP CODE 9509 GEORGIA ST CROWN POINT, IN 46307			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S000000	<p>This was a State hospital complaint investigation.</p> <p>Complaint: #IN00128154 Substantiated: State deficiency related to the allegations is cited.</p> <p>Facility Number: 012131</p> <p>Survey Date: 06/06/2013</p> <p>Surveyor: Saundra Nolfi, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 06/17/13</p>			S000000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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S000930	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>Based on policy review, medical record review, and interview, the registered nurse failed to ensure care was provided according to policy regarding enteral tube feedings for 4 of 4 patients who received nutrition via a gastrostomy tube (#P1, P2, P3, and P4).</p> <p>Findings included:</p> <p>1. The facility policy "Enteral Nutrition, Provision of", last reviewed 08/20/12, indicated, "All patients with gastrostomy and jejunostomy feeding tubes will have skin care given at 12-hour intervals or more frequently as ordered by the physician or necessitated by patient condition. ...Procedure: ...C. Inspect surrounding skin for redness, tenderness, induration, swelling, irritation, purulent drainage, or gastric leakage. ...D. Gently cleanse the stoma site skin with soap and water (or as ordered by the physician). ...E. Dry thoroughly. Leave area open to air to minimize dampness, skin irritation, and maceration. ...K. Document as</p>	S000930	<p>How the deficiency is going to be corrected: The Registered Nurse shall ensure care is provided according to the "Enteral Nutrition, Provision of" policy by documenting in a newly created area on the nursing 24 hour flow sheet. The flow sheet was revised to include a specific area to document on PEG tube skin site assessment and sent to the printer. It was received back on June 30 with training and implementation to be completed by July 5, 2013. How the deficiency will be prevented from recurring: The PEG tube skin assessment will be incorporated into the auditing process completed by the nursing department with the results reported to QAPI, Medical Executive Committee and Governing Board. Non-compliance with benchmarks will be addressed with the appropriate staff member by the Chief Clinical Officer. Who is going to be responsible for the above: The Nursing House Supervisor will be responsible for ensuring the compliance with the</p>	06/30/2013			

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	<p>follows: date and time of site care; condition of stoma site and surrounding skin; centimeter marking of skin disc; drainage present and changes in dressing or drain; patient tolerance to procedure. ...Gastrostomy Tube Feeding: ...E. Check the amount of residual gastric contents (with a 60-ml syringe) before each intermittent feeding or approximately every 3-4 hours during continuous feeding. ...I. Document residuals, tolerance and volume of feeding in appropriate pathway."</p> <p>2. The medical record for patient #P1, who received continuous feeding via a PEG (Percutaneous Endoscopic Gastrostomy) tube, was reviewed for the dates of 03/10/13 through 03/14/13. The record lacked documentation of skin care every 12-hours, condition of stoma and surrounding skin, and centimeter marking of skin disc. The form "24 Hour Patient Record" lacked documentation of gastric residuals for 0100 and 0500 on 03/10/13, 0100, 0500, and 2100 on 03/11/13, 0100 and 0500 on 03/12/13, and 0900 and 1300 on 03/14/13.</p> <p>3. The medical record for patient #P2, who received continuous feeding via a gastrostomy tube, was reviewed for the dates of 03/11/13 through 03/14/13. The record lacked documentation of skin care</p>		implementation and auditing of the assessment of the PEG tube sites.				

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	<p>every 12-hours, condition of stoma and surrounding skin, and centimeter marking of skin disc. The form "24 Hour Patient Record" lacked documentation of gastric residuals for 0100, 0500, and 2100 on 03/11/13, 0100, 0500, 1300, 1700, and 2100 on 03/12/13, 0100, 0500, and 2100 on 03/13/13, and 0100, 0500, and 2100 on 03/14/13.</p> <p>4. The medical record for patient #P3, who received continuous feeding via a PEG tube, was reviewed for the dates of 03/11/13 through 03/13/13. The record lacked documentation of skin care every 12-hours, condition of stoma and surrounding skin, and centimeter marking of skin disc. The form "24 Hour Patient Record" lacked documentation of gastric residuals for 0900, 1300, and 1700 on 03/11/13, 0100, 0500, 0900, 1300, 1700, and 2100 on 03/12/13, and 0100, 0500, 0900, 1300, 1700, and 2100 on 03/13/13.</p> <p>5. The medical record for patient #P4, who received continuous feeding for 18 out of 24 hours via a PEG tube, was reviewed for the dates of 03/11/13 through 03/14/13. The record lacked documentation of skin care every 12-hours, condition of stoma and surrounding skin, and centimeter marking of skin disc. The form "24 Hour Patient Record" lacked documentation of gastric</p>						

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	<p>residuals for 0900, 1300, 1700, and 2100 on 03/11/13, 2100 on 03/12/13, 0900, 1300, 1700, and 2100 on 03/13/13, and 0900, 1300, 1700, and 2100 on 03/14/13.</p> <p>6. At 11:50 AM on 06/06/13, staff member #N4 indicated the facility began using new pumps for enteral feedings a few months ago. The pumps had a stop-cock device so the tubing didn't need to be disconnected to check residuals and give medications. He/she indicated the residuals should be checked prior to medication administration, but at least every 4 hours.</p> <p>7. At 4:40 PM on 06/06/13, staff member #N2 confirmed the medical record findings and also confirmed medical record documentation failed to ensure the gastrostomy tube care was provided according to policy. He/she indicated there were no complaints/grievances regarding any of the patients reviewed.</p>						